DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 04/26/2006

## **Provider Inspection Summary**

For the period 04/01/2003 to 03/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

## **Facility Information**

Facility Name: RAILWAY (0010800)

Address: 18 SOUTH RAILWAY STREET, TOMAHAWK, WI 54487

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey ID: 0095590 End Date: 09/01/2005 Type: OTHER Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0093955 End Date: 01/03/2005 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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